

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File Original and 3 copies)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

DIVERSE COMMUNICATIONS, INC. :

Application for a certificate of :
(local ~~or interexchange~~) authority : 00-324
to operate as a (reseller or facilities :
based carrier) of telecommunications :
services in GTE's Alpha Exchange. :

AMENDED

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER

(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # _____

Diverse Communications, Inc.

Address: Street 246 North Division

City Woodhull State/Zip IL 61490

2. Authority Requested: (Mark all that apply) 13-403 X 13-404 X 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.

Part 710 Part 735 X Section 735.180 Other

4. In what area of the state does the Applicant propose to provide service?

Alpha Exchange

5. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues

- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

7. Please check type of organization?

☐ Individual
☐ Partnership
☒ Corporation
 Date corporation was formed January 10, 1994
 In what state? Illinois
☐ Other (Specify) _____

8. **Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.**

- 9. List jurisdictions in which Applicant is offering service(s).**

Illinois

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

 YES (Please provide details) X NO

- 11. Have there been any complaints against the Applicant in any other jurisdiction?**

 YES X NO

If YES, describe fully. _____

12. Will the Applicant keep its books and records in Illinois? X YES NO
If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

MANAGERIAL

13. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

- 14. List officers of Applicant.**

Gerald Krueger-President

Roscoe Lowrey-Secretary

Douglas Swanson-Treasurer

Attachments:

5a Gary L. Smith, 1204 South Fourth Street, Springfield, IL 62703
217/789-0500; fax: 217/525-1199

5b-g Mr. George Wirt, Woodhull Community Telephone Company,
246 North Division, Woodhull, IL 61490 e-mail w443012@winco.net
phone-309/334-2150; fax-309/334-2989.

13. The controlling shareholders and manager of Diverse Communications, Inc. involve the same management and personnel as Woodhull Community Telephone Company, which has been an authorized carrier in Illinois for over 40 years.

15. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ☒ YES ☐ NO

If YES, list entity. Woodhull Community Telephone Company

16. How will Applicant bill for its service(s)? by mail

17. How does Applicant propose to handle service, billing, and repair complaints?

With the same management and personnel and technicians as presently operate
Woodhull Community Telephone Company in Woodhull, Illinois.

18. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

19. What telephone number(s) would a customer use to contact your company?

309/334-2150; fax-309/334-2989

20. What are your procedures to prevent unauthorized "slamming" of customers?

We use a customer PIC freeze.

21. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

22. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? ☒ YES ☐ NO

FINANCIAL

23. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

TECHNICAL

24. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list: Applicant has a Nortel DMS 10 switch and outside plant
in the Woodhull Exchange and a fiber optic line to Alpha. Applicant also
owns a building in Alpha suitable for putting in a remote switch.

If NO, which facility provider(s)'s services does Applicant use?

25. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

Local service

26. Will technical personnel be available at all times to assist customers with service problems?

X YES NO

27. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? N/A YES NO


(Signature of Applicant)

Gerald Krueger, President
Diverse Communications, Inc.

VERIFICATION

This application shall be verified under oath.

OATH

State of Illinois)
)ss
County of Henry)

Gerald Krueger makes oath and says that he is President
(Insert here the name of affiant) (Insert the official title of the affiant)

of Diverse Communications, Inc.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

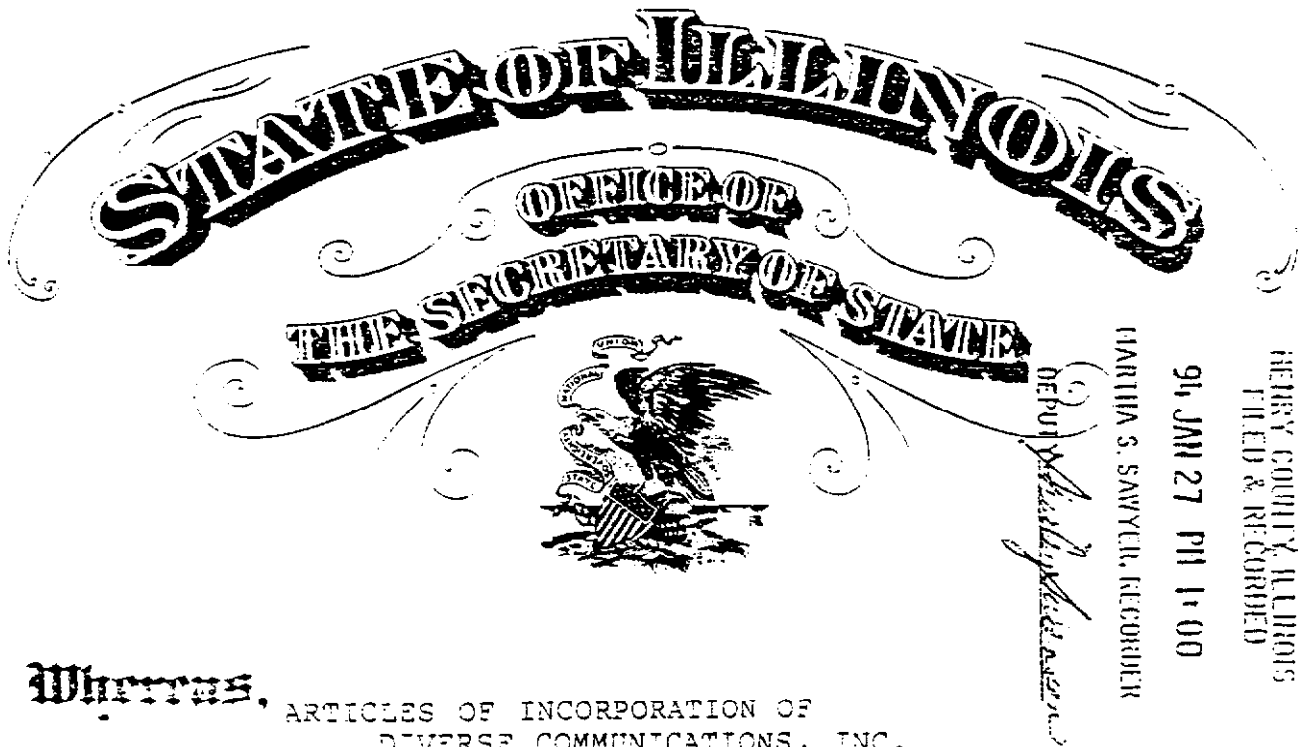
Gerald Krueger
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ Book Keeper
(Title of person authorized to administer oaths)

in the State and County above named, this 12TH day of June, 2000.

"OFFICIAL SEAL"
BEVERLEY J. BARTON
Notary Public, State of Illinois
My Commission Exp. 10/20/2002

Beverley J. Barton
(Signature of person authorized to administer oath)



Whereas,

ARTICLES OF INCORPORATION OF
DIVERSE COMMUNICATIONS, INC.
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE
BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

*Now Therefore, I, George H. Ryan, Secretary of State of the
State of Illinois, by virtue of the powers vested in me by law, do
hereby issue this certificate and attach hereto a copy of the
Application of the aforesaid corporation.*

In Testimony Whereof, *I hereto set my hand and cause to
be affixed the Great Seal of the State of Illinois,
at the City of Springfield, this 10TH
day of JANUARY A.D. 1994 and
of the Independence of the United States
the two hundred and 18TH.*

George H. Ryan
SECRETARY OF STATE

(Rev. Jan. 1991)

George H. Ryan
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-6961

FILED

JAN 10 1994

GEORGE H. RYAN
SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by
Secretary of State

Date 1-10-94
Franchise Tax \$ 75.00
Filing Fee \$ 75.00
Approved: R \$ 150.00

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

1. CORPORATE NAME: Diverse Communications, Inc.

(The corporate name must contain the word "corporation", "company," "Incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent: Douglas G. Swanson
First Name Middle Initial Last name
 Initial Registered Office: 246 North Division St
Number Street Suite #
Woodhull 61490 Henry
City Zip Code County

3. Purpose or purposes for which the corporation is organized:
 (If not sufficient space to cover this point, add one or more sheets of this size.)

The transaction of any or all lawful business for which corporations may be incorporated under the Illinois Business Corporation Act of 1983.

4. Paragraph 1: Authorized Shares, issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
Common	\$ n/a	1,000	1,000	\$ 50,000

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are: None

(If not sufficient space to cover this point, add one or more sheets of this size.)

*Return to Mary L Smith
1204 S 4th St
Springfield IL 62703-2229*

(over)

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: _____
(b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:
Name _____ Residential Address _____

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
(b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
(c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
(d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. **OPTIONAL: OTHER PROVISIONS**
Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated December 9, 19 93.
1. Cecil Fors Signature and Name WOODHULL COMM. TEL. CORP. Address
Signature Cecil Fors, President 1. Post Office Box 117
Woodhull Community Telephone Company Street
(Type or Print Name) Woodhull, Illinois 61490
City/Town State Zip Code

I, Douglas Swanson, Secretary of Woodhull Community Telephone Company, attest that the foregoing Articles of Incorporation of Tricomm, Inc. were executed by CECIL FORS, President of Woodhull Community Telephone Company, an Illinois corporation.

Douglas Swanson

(Signatures must be in ink on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)
NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its President or Vice President and verified by him, and attested by its Secretary or Assistant Secretary.

FEE SCHEDULE

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
(Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.

Illinois Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-9522
782-9523